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ANAESTHESIA IN HONG KONG

EVOLUTION AND PRESENT POSITION

by

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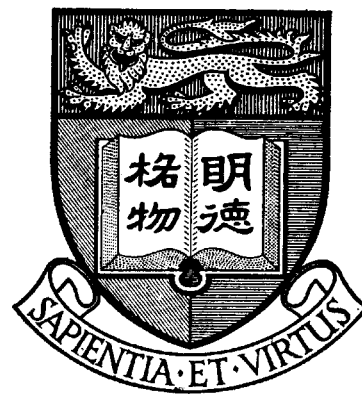
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麻醉學在香港：發展和現況

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The Centre of Asian Studies is established to provide a focal point for the activities of the University of Hong Kong in the areas of East and Southeast Asia, research assistance to scholars in these fields and with special reference to Hong Kong, and physical and administrative facilities for research, seminars, and conferences dealing with both traditional and modern aspects of Asian Studies.

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CONTENTS

ACKNOWLEDGMENT

College of Medicine for Chinese	1
Anaesthesia	2
Early Pioneers	5
Subarachnoid Block	6
Early Arrangements	9
Later Arrangements	15
Intensive Care Units	17
The Society of Anaesthetists of Hong Kong	18
Overseas Visitors	21
World Federation of Societies of Anaesthesiologists	24
The Faculties of Anaesthetists, Royal College of Surgeons	27
Present Position	30
Chair of Anaesthesia	32
Conclusion	33

REFERENCES

ILLUSTRATIONS

Due to the ravages of the Second World War and consequent occupation of Hong Kong by the Japanese, many of the early medical records have, regrettably, been lost. It is therefore not known when - or by whom - the first anaesthetic in Hong Kong was administered (Lett, i). From the surviving material it would appear that the development of anaesthesia in Hong Kong has followed a path similar to that in other parts of the world, although new advances may have taken a little longer to arrive.

Anaesthesia in China is reported to have been introduced by Dr. Peter Parker in 1847. Dr. Parker, in addition to being a graduate (1843) from the Medical School in New Haven, Conn., U.S.A., became also a Presbyterian Minister (Spence, ii).

College of Medicine for Chinese

This was opened in Hong Kong in 1887 with Doctor Patrick Manson (also known as the "Father of Tropical Medicine") as first Dean. Dr. Manson was awarded a knighthood in recognition of his contributions to Medical knowledge.

Doctor Sun Yat-sen, who later became closely associated with Affairs of State, graduated from this College in 1892. He formed a deep friendship with another great - Doctor James Cantlie - who was then Professor of Anatomy and Surgery (Lett, iii).

Anaesthesia

Because of the scarcity of early references, the author approached certain likely sources of information as well as the press (iv). As a result a good deal of pertinent knowledge has come to light. The author is particularly indebted to Mr. H.A. Rydings, Chief Librarian, University of Hong Kong, who managed to unearth a number of references.

Probably the earliest record which Mr. Rydings came across purely by chance - in the course of another investigation - was found in a book by William Lockhart, *The Medical Missionary in China* (London 1861) p.166.

"At this period, 1847, the use of sulphuric aether was first adopted in the hospital, to relieve pain in operations, according to the method of Doctor C. Jackson of Boston."

The hospital mentioned was that of the Medical Missionary Society which moved from Macao to Hong Kong in 1843.

The next are contained in the Annual Report of the Superintendent, Government Civil Hospital (Dr. J.M. Atkinson). In appendix B of the report for 1889, three cases of gunshot wounds are mentioned. Case 2 is described "...the patient was anaesthetised and the wound examined."

This occurred on 7th April 1889, while the 3rd case, on 22nd April 1889 is described "...the patient was immediately anaesthetised, the eyeball was found to be quite disorganised and was excised..." Regrettably, neither of these earliest reports gives any details of the method or type of anaesthesia used. It deals mainly with describing the wounds and methods of treatment.

Amongst other records are:

- (a) "...A Chinese girl aged 9 years was admitted from Wong Ma Kok on the 29th October 1892 in a state of collapse suffering from ...wounds said to have been inflicted by some wild animal.... On admission she was in a very critical state suffering from the effects of shock and haemorrhage. Under the influence of CHLOROFORM the wounds were dressed ...and the child ultimately made a very good recovery ...was discharged on 25th February 1893."

From a report of the Superintendent, Government Civil Hospital 1892, Appendix A.

- (b) "At a meeting of the British Medical Association (Hong Kong and China branch) held on 25th February 1898, Staff Surgeon Wm. E. Home, M.D., R.N. read a paper on "Chloroform anaesthesia", which was followed by a discussion on the general subject of anaesthesia." (From the manuscript minute book of the Branch).

(c) Two mentions of the use of chloroform in 1900:

- (i) for removal of 9th rib in a case of hepatic abscess;
- (ii) for removal of a ruptured spleen from a Chinese male adult.

(From Appendix to Report of the Acting Principal Civil Medical Officer, 1900).

(d) From the manuscript minute book of the B.M.A. (H.K. Branch):

"On 21st Dec. 1903 Dr. F.O. Stedman read a paper on 'The use of adrenaline chloride' ...during the discussion, Dr. W.M. Koch stated that 'he found adrenaline useful in treating collapse during the administration of chloroform by placing a few drops on the patients tongue'." These days, however, the dangers of sensitising the heart to adrenaline during chloroform anaesthesia are better understood and such practice would not now be recommended.

From a few further mentions it would appear that between 1901 to 1904 chloroform was the most commonly used anaesthetic at the time.

The author is also grateful to Dr. E.H. Patterson, formerly Medical Superintendent and Chief Surgeon of the Alice Ho Miu Ling Nethersole Hospital, Hong Kong (now Medical Superintendent and Chief of Surgery at the United Christian Hospital, Kwun Tong, Kowloon) for kindly searching through their records and coming up with some interesting information:

- (a) Annual report for 1896: "84 operations under the influence of an anaesthetic were performed in the 2 hospitals (i.e. Alice Memorial and Nethersole) during 1896 with results as under: Cured 64, Improved 16, Died 4."
- (b) Annual report for 1898: "136 operations under the influence of an anaesthetic were performed in the 2 hospitals during 1898, with results as under: Cured 95, Improved 35, Died 6."
- (c) Annual report for 1901: "214 operations under chloroform or cocaine were performed in the 2 hospitals during 1901, with results as under: Cured 167, Improved 41, Unimproved 3, Died 3." (Of these 214 operations 119 were on the eye, which probably accounts for the use of cocaine).

Anaesthetic methods would depend on (a) availability of drugs; (b) personnel; and (c) relative skill and experience of the latter.

Early Pioneers

One of the early practitioners was the late Dr. George Thomas who, in his long and distinguished career, taught many (if not all) subjects of the medical curriculum, including anaesthesia, in the Medical Faculty. When he started - in 1910 - as an advanced medical student, resident in the Nethersole Alice Ho Miu Ling Hospital (London Missionary), chloroform and ether, either singly

or mixed, dropped on an open mask from a bottle, were the routine anaesthetics. In fact, Dr. Thomas thought that this was the only method known at the time. Morphine and atropine were administered, hypodermically, beforehand. Warmed ether alone, sometimes delivered with the aid of a pump, was a refinement. So lightly was the administration of this anaesthesia regarded in those days that any doctor - or even an advanced medical student - was not only allowed but even encouraged to anaesthetise patients.

Subarachnoid Block

Somewhat later, spinal anaesthesia (subarachnoid block) was also used. The late Dr. Li Shu-fan was reputed to be amongst the first Chinese doctors (with one or two others such as Dr. C.H. Wan) to obtain the Fellowship of the Royal College of Surgeons of Edinburgh (F.R.C.S.Ed.). He was appointed later to the post of Minister of Health in the Chinese Government of General Chiang Kai-shek during the 1939-1945 World War. When the war finished, Dr. Li became a pioneer and energetic advocate of the use of subarachnoid block. The author is indebted to Dr. Li Shu-pui (a brother of Dr. S.F. Li) for kindly providing a copy of an article entitled "Spinal Anaesthesia under Novocaine-Caffeine Compound" which Dr. Li presented at a Joint

meeting of the China Medical Association and the British Medical Association (Hong Kong Branch) in January 1925. Doctor S.F. Li is also fondly remembered as a generous Medical Philanthropist, and founder of the Hong Kong Sanatorium. The pre-clinical Medical Science Building at the University of Hong Kong also bears his name. The position of subarachnoid block in Hong Kong has been reviewed elsewhere (Lett et al, v).

Another early worker in anaesthesia was the late Dr. H.P.L. Ozorio. He was the first medical practitioner in Hong Kong to undergo specialised training in anaesthesia. This he did in Oxford, where Professor Sir Robert R. Macintosh and Professor W.W. Mushin were amongst his teachers, and also at St. Mary's Hospital in London. Dr. Ozorio, who passed away a few years ago (v-a) (while holding a consultant's appointment in Warrington, U.K., in the Liverpool Region) was a Gentleman of many varied talents. He also obtained postgraduate obstetrical qualifications and became an authority on tropical fish. In addition, he was a gifted musician and, under his pseudonym of "Hal Lorenzo", had his own radio programme which entertained the listening public for years. Nevertheless it were his achievements in - and devotion to - anaesthesia that he will be mostly remembered by. He

was fond of gadgets and amongst his inventions are the "Ozorio connections" still used as an aid to anaesthesia for tonsillectomies in children, or when oral endotracheal intubation instead of nasotracheal for operations in the throat has to be done.

During Dr. Ozorio's absence from Hong Kong in the U.K. (from 1948-1951) and prior to the author's arrival, the standard and methods of anaesthesia in Hong Kong were, on the whole, in need of improvement. The author was told of a number of bizarre occurrences due to the lack, or absence, of trained and/or skilled anaesthetists. One particularly intriguing incident took place in the Queen Mary Hospital, where the "anaesthetist" for the day was unable to pass an endotracheal tube for a patient due to undergo a thoracotomy and lobectomy. As the operation was considered to be urgent, a high subarachnoid block (spinal) was later given. The operation was very speedily completed (little bleeding as patient was grossly hypotensive), but the houseofficer Dr. Ong (now Prof. G.B. Ong, O.B.E., F.R.C.S.) was forced to spend the rest of the day and the whole night trying to keep the patient alive and resuscitate him. The story has a happy ending, as the patient managed to survive (Lett, iii). This is mentioned in order to show the arduous task anaesthetists had to face in trying to improve facilities provided.

The Tsan Yuk Hospital has, since its opening in 1922, played a prominent role in the care of countless maternity patients. The author is indebted to Professor Gordon King, O.B.E., F.R.C.S., F.R.C.O.G. for kindly supplying information on anaesthetic methods used and the full account is available elsewhere (Lett, vi).

Early Arrangements

In the earlier days of the Tsan Yuk Hospital the range of sedative and anaesthetic drugs used during labour was relatively restricted. The tendency was to limit their use as far as possible, partly because Chinese patients generally tolerate the pain of labour better than their European counterparts, and partly because of the desire to avoid side effects such as reduced strength of the uterine contractions and more particularly depression of the cardiac and respiratory centres of the baby.

The analgesic drugs in common use during the early days were potassium bromide, chloral hydrate and tincture of opium (often given in a composite mixture).

Morphine, in doses of 10 mg, was used when the pain was severe, but not within one or two hours of the expected time of delivery of the child for fear of depression of the respiratory centre.

Chloroform was a time-honoured anaesthetic for use during labour, dating back to the time when Sir James Y. Simpson used it in the year 1848, for the delivery of Queen Victoria - hence the term "anaesthesia a la reine". It was a very effective method, given drop by drop on an open mask, with plenty of air, during the latter part of the second stage of labour. An ingenious device, known as "Junker's Bottle", was available, in the old Tsan Yuk Hospital, by means of which the patient was able to squeeze a bulb which blew air through a small amount of chloroform in the bottom of a tall glass bottle which hung by the bedside. The air was delivered by a rubber tube to a mask which the patient held near her face, and when she became semi-anaesthetised she ceased to be able to work the bulb until the next pain came. The bottle could not be over-filled, could not be spilt and could not deliver anything but the vapour to the mask. It was very effective in the hands of a cooperative patient - but has long since passed out of common use.

More commonly gas and oxygen were used as required, during the second stage of labour. This was given intermittently, often with complete anaesthesia at the time of delivery of the head.

Low spinal anaesthesia was also given, particularly in cases of forceps delivery. Stovaine was the drug of choice in the earlier cases, but later nupercaine solution was preferred - always in minimal doses. This gave very satisfactory results in patients requiring lower segment caesarean section as well as in deliveries by forceps, internal version, or other types of vaginal delivery.

Occasionally, administration of "twilight sleep" was given - a method first popularised in Germany early in this century. This procedure depended upon the injection of 10 or 15 mg of morphine together with 0.4 mg of scopolamine early in labour, when uterine contractions had become definitely established and the cervix was partially dilated. The effect of this combination was to reduce the patient's sensation of pain. Small continuing injections of scopolamine, 0.12 mg, were given at hourly intervals and had the effect of banishing the memory of pain. Occasionally further small doses of morphine were necessary if labour was prolonged. In practice, the foetal heart had to be carefully and frequently monitored and forceps delivery was often called for eventually. The method worked well in a certain proportion of patients, but was not regarded as suitable for routine use in a hospital such as the

Tsan Yuk, where the average patient was very cooperative and even tolerant of the pains of labour. Furthermore is no doubt that the procedure caused some lengthening of the course of labour and some depression of the nervous centres of the baby.

With the introduction of pethidine, an effective substitute for morphine was provided. In doses of 100 mg it was found to be an excellent analgesic for the mother, but without the depressing effect on the vital centres of the baby which morphine has. Its effects in relieving the pain of labour was so marked that it soon replaced morphine for use in obstetrics.

Another drug, which became popular when the barbiturates were introduced, was nembutal (pento-barbitone sodium). When given in doses of 0.1 to 0.2 mg it produced a sedative and soporific effect which carried the patients comfortably through the earlier part of their labour.

With the introduction of Trilene in 1948, and administered by inhalation with Freedman's apparatus, another method of anaesthesia became available. In practice, it was found to be easy to use and its analgesic effect was rather superior to that obtained with nitrous oxide and Oxygen or with nitrous oxide and air given by means of Minnitt's Apparatus.

The above methods comprise the main ones used for purposes of Obstetrical Anaesthesia and Analgesia in the "Old" Tsan Yuk Hospital during the period 1922-1955:

A new era began in 1955 when the New Tsan Yuk Hospital, situated in Hospital Road, took over the functions of the original Hospital.

Operative Delivery

There has been a particularly low rate of operative delivery in the Tsan Yuk Hospital, and the forceps rate has only been above 2% in 3 years out of 33 years (i.e. up to and including 1955) that the Hospital has been in existence, whilst the Caesarean Section rate has seldom been above 1.5% during recent years. This is probably due to the fact that serious degrees of contraction of the pelvis are relatively uncommon among Chinese patients. There were 107 cases of forceps delivery in 1955 (a rate of 1.73%) and 157 cases of Caesarean Section (a rate of 2.53%). Between 1950 and 1955, 518 Caesarean Operations were carried out with no mortality. The types of operation done in this series were as follows:-

Lower Segment Caesarean Section	484
Extra-peritoneal Caesarean Section	26
Classical Caesarean Section	7
Caesarean Hysterectomy	1
	<hr/>
	518
	<hr/>

The indications for the extra-peritoneal operation have been few and far between, but in Hong Kong it is felt that there is a definite place for this operation. The indications have usually been in neglected cases sent up from a distance, with conditions such as failed forceps, obstructed labour or frank infection of the birth canal where vaginal delivery of a living child is impossible. In such cases the Waters type of operation has been used with very satisfactory results.

With regard to anaesthesia for Caesarean Section, the following methods were used in this series:-

Spinal Anaesthesia	405
Local Anaesthesia	70
General Anaesthesia	39
Local and General Anaesthesia	4
	<hr/>
	518
	<hr/>

It will be noted that spinal anaesthesia has been the method of choice. This form of anaesthesia, in the

absence of any contra-indication such as shock, ante-partum haemorrhage, or hypotension from any cause, has proved most satisfactory in the practice of this hospital for the last 18 years. It is, of course, absolutely essential that spinal anaesthesia should not be attempted in the presence of any contra-indication; and that in all cases suitable for this form of anaesthesia the blood pressure should be carefully monitored throughout the operation. In patients suffering from shock or from ante-partum haemorrhage of more than a moderate degree, local infiltration anaesthesia with novocaine-adrenalaine mixture is preferred, the operation being usually carried out synchronously with a slow blood transfusion. In 4 cases in the above series it was necessary to supplement the local anaesthesia with some general anaesthetic."

Later Arrangements

In the preceeding years as described above by Prof. King, there were no arrangements for resident anaesthesia services and, in an emergency, anaesthetists from the Queen Mary Hospital were summoned for any particular case. Other general anaesthetics and all the local and nearly all the spinal and obstetrical anaesthesia were given by the obstetricians themselves, and it would transpire, with very good results.

With progressive realization of the importance of anaesthetic cover for acute obstetrical hospitals such as the Tsan Yuk Hospital, and with the growing facilities provided by anaesthesia available in the Government Medical Services and, additionally with the establishment of a Specialist post in Anaesthesia in 1954, arrangements were made with the Anaesthetic Department in the Queen Mary Hospital to second an anaesthetist for resident duty in the Tsan Yuk Hospital. On the 20th November, 1957, the first General Anaesthesia for a Lower Segment Caesarean Section was administered in the Tsan Yuk Hospital by an anaesthetist from Queen Mary Hospital.

The present arrangements are that a 24 hours round the clock service is provided by anaesthetists from the Anaesthetic Unit of the Government Medical & Health Services. Only anaesthetists with sufficient experience, knowledge, training and skill take part in this Service.

The use of Spinal Anaesthesia has been declining steeply. Although these blocks are still used from time to time, their number is small.

Extradural block (continuous) has also been employed on a number of patients. However, this has proved more time consuming and, at the time of writing, is not the first method of choice.

At the same time, the whole question of Anaesthesia for the relief of pain in labour is receiving continued attention. Deliveries should be carried out in as painless manner as human, technical and safety factors will allow.

Intensive Care Units (I.C.U.)

These may also be referred to as Intensive Therapy Units (I.T.U.) and lately (especially in the U.S.A.) as Critical Care Units. It is generally believed that these special wards were an offshoot of the recovery rooms, when it was realised that the type of care and monitoring the patients receive there could, with advantage be given to other patients also - not only post-operatively.

The I.C.U.s came into being in Europe, the U.S.A., Australasia and by 1968 the first such unit was opened at the Kwong Wah Hospital, Kowloon, followed in 1970 in the Queen Mary Hospital, Hong Kong and in February 1981 also in the Queen Elizabeth Hospital, Kowloon. In some parts of the world the anaesthetists are in administrative charge, while in other places, including the Queen Mary Hospital, physicians under whose care the patient is managed in the hospital continue to be in charge also in the I.C.U. The anaesthetist would be called to help in a consultative capacity.

To the end of 1980 a total of 11,063 patients were handled in the I.C.U. of the Kwong Wah Hospital, 7,612 patients in the I.C.U. of the Queen Mary Hospital and 127 patients in the Queen Elizabeth Hospital.

The British Military Hospital, Kowloon also has some I.C.U. facilities. Other hospitals in Hong Kong are able to provide some adhoc facilities as and when necessary.

The Society of Anaesthetists of Hong Kong

After the author's arrival in Hong Kong from the U.K. in April 1954 (in order to take up the first post of "Specialist Anaesthetist" to the Medical and Health Department of Hong Kong Government and also of Hon. Clinical Lecturer i/c Anaesthesia in the Department of Surgery, University of Hong Kong), it became possible, after a few weeks preparatory work, for Dr. Ozorio and the author to co-found and establish the Society of Anaesthetists of Hong Kong. In this effort they were ably supported and abetted by a group of hard working and enthusiastic colleagues - not all anaesthetists - amongst whom was the same Dr. George Thomas mentioned earlier. (Later in 1960, the Society was proud when the President of the Royal College of Surgeons of England,

Sir Arthur Porritt, who went on to become Governor General of New Zealand, came specially to Hong Kong to present Dr. Thomas with a Fellowship of the Royal College of Surgeons of England. Doctor Thomas became the first practitioner who was thus honoured by the Royal College). Amongst other illustrious founder members of the Society were the late Doctor John Gray, D.M., M.S., F.R.C.S. and other distinguished medical and surgical practitioners. These included Dr. Philip Mao, Dr. George Choa, Dr. John Chen, Professor Frank Stock and Professor Tan Sri G.B. Ong, O.B.E., F.R.C.S., J.P.

The inaugural meeting of the Society took place on the 17th June 1954 in the premises of the Hong Kong University Alumni Association. The first Council Members to be elected were:

Chairman : Dr. H.P.L. Ozorio

Vice Chairman : Dr. Z. Lett

Hon. Sec. - Treas. : Dr. Y.K. Poon

Members of Committee

: Capt. D.H. Turner R.A.M.C. (Representing the Army)

Surg. Comdr. O'Connor R.N. (Representing the Navy)

Dr. Y.O. Chan

Dr. A.J.F. Eberie

Dr. Loretta Lo

The aims and objectives of the Society (as adopted at the preparatory meetings) were (and still are) as follows:

- (i) To promote continued interest in the science and art of Anaesthesia.
- (ii) To create and maintain favourable conditions for training of anaesthetists in this area.
- (iii) To hold clinical meetings, lectures, scientific film shows, discussions and conferences with special emphasis on anaesthetic and allied questions and problems.
- (iv) To indirectly educate the Public of Hong Kong, in a strictly ethical and professional manner, on the importance of this branch of medicine. To dispel present superstitions and wrong impressions that may prove detrimental to the advance of the science of anaesthesia and, therefore, also detrimental to the safety and well being of the patients.

These objectives were approved unanimously by all present, whereupon the author gave the first scientific talk to the Society, the topic being "Recent views on the physiology and pharmacology of the neuromuscular junction and some possibilities of neuromuscular block (vii).

Other meetings followed at regular intervals (viii, ix, x). The topics chosen were of a special value to anaesthetists and others interested and meetings of similar nature are taking place up to the present time (xi - xix).

Overseas Visitors

The Society has, ever since its foundation, been keen to establish and maintain fraternal ties with similar Societies in other countries. It has been able to welcome many distinguished visitors. Amongst the first to arrive was the late Professor E.A. Rovenstine of the University of New York (at Bellevue Hospital) who talked on the development of the Specialty in the U.S.A. (xx) and Dr. Ruth Mansfield from the U.K., who described various methods of anaesthesia for thoracic operations (xxi).

Sir Robert R. Macintosh, the first Professor of Anaesthesia (at the Nuffield Department in Oxford) has visited Hong Kong on a number of occasions. His first visit was in 1959, when, during an extensive tour (covering Russia, China, Japan and the Philippines), he also came to Hong Kong and spoke to members of the Society on "Anaesthetics used in research" (xxii). He also

addressed a combined meeting of the B.M.A. (H.K. Branch) and the Chinese Medical Association (now called the H.K. Medical Association). In addition he also gave a lecture to a class of medical students in the Hong Kong University. His second visit was in 1967, during a period when Hong Kong experienced some rioting, when a curfew had to be imposed. This made it impossible to hold a formal meeting. However, the Council Members of the Society were able to entertain Sir Robert to a lunch meeting, held at one of the Floating Restaurants in Aberdeen. Sir Robert's third visit to Hong Kong was in 1974, when he addressed a joint Meeting of the Society with the B.M.A. (H.K. Branch) as well as the newly founded Medico-legal Society of Hong Kong on "Some interesting medico-legal problems". Lady Macintosh was also present on that occasion (xxiii) as well as on a subsequent visit (xiii).

Amongst the other distinguished visitors were Professors Sir Geoffrey Organe, T. Cecil Gray, William W. Mushin, James Robertson, John Dundee, Andrew Thornton, Michael Vickers; Drs. J. Alfred Lee, John Beard, Tom Boulton, Archibald Galley, Geoffrey Burton, Stanley A. Feldman (xxiv), Michael Rosen, W.M. Rollason, Hennington Kiff, and others from the U.K., Professors Douglas Joseph, John

Mainland, Michael Cousins, Tess O'Rourke Brophy, Drs. Noel Cass, Maurice Sando, Bill Crosby, John Hankey, Don Harrison, Ted Morley, "Peter" Currie, and others from Australia, Professors Abeidjan, Steven J. Martin, Bob R.D. Dripps (xxv) (who in November 1968 talked on "Various problems in Anaesthesia"), Drs. John S.L. Chen (xxv) (who in December 1968 talked on "Problems of massive blood transfusion"), Professors Lucien Morris, Lou Orkin, H.M. Papper, Rick Siker, Bernard Brandstater, John Dillon (xxvi), Ronald Katz, Ronnie Stephen, Duncan Holaday, Peter Safar, Ted Dobkin, John Bonica, Deryck Duncalf, and others from the U.S.A., Drs. S.H. Tan, George Tay, Siva, and others from Singapore, Professor Tony Ganendran and Drs. Raymond Law, S.W. Lim from Malaysia, Professors Akira Inamoto, Hideo Yamamura, S. Murakami, I. Wakai and others from Japan.

Professors Ole Secher (xxv) (who in February 1969 talked on "Protective mechanism of barbiturates against anoxic brain damage in the newborn"), Henning Poulsen (xxv) (who in April 1969 talked on "An organisation of emergency services"), and V. Dyrberg from Denmark.

Professor Holmdahl from Sweden, Professor Ted Mayrhofer from Austria, Carlos Rivas from Venezuela and others.

Amongst a number of interesting functions was a meeting of the Society in the 33rd Gen. Army Hospital (then housed in La Salle College, Kowloon) when the then Surg. Comdr. Peter Preston (at present Director of Postgraduate Medical Education, University of Hong Kong) spoke on the topic of "Anoxia and cyanosis" (xxvii).

World Federation of Societies of Anaesthesiologists

This Organization comprises one Society or Association of Anaesthetists, from most countries in the world and was established in 1954. It is affiliated with the World Health Organization. The Society of Anaesthetists of Hong Kong applied for and was accepted - for full membership in 1957. Amongst the Presidents of the World Federation who visited Hong Kong were Professors Francis F. Foldes, Ted Mayrhofer and Quentin Gomez.

Professor Francis F. Foldes of the U.S.A. was no stranger to Hong Kong. He first visited in March 1960, when, during a week's stay he delivered four lectures: "Medical care of surgical patients", "Factors influencing the action of muscle relaxants", "Therapeutic and diagnostic procedures in Anaesthesia" and "Studies on human Cholinesterases" (xxviii).

While this visit took place before his election to President, he also came during his tenure of office in 1972, when the 5th World Congress of the World Federation was held in Japan.

The Society of Anaesthetists of Hong Kong, on that occasion, held a pre World Congress Meeting in Hong Kong on the 14th and 15th of September 1972. This was declared open by Professor Foldes. Many other distinguished visitors were present. Amongst them were the President of the Association of Anaesthetists of Great Britain and Ireland Dr. J. Alfred Lee and many other distinguished visitors mentioned earlier. About 150 doctors participated (xxix).

The post World Congress Meeting of the Society of Anaesthetists of Hong Kong was held on the 24th September 1972, with over 400 anaesthetists from many parts of the world participating. Amongst these were Dr. O'Rourke Brophy, then Dean of the Faculty of Anaesthetists of the Royal Australasian College of Surgeons as well as Professor Douglas Joseph from Australia, at the time President of the Australasian Section of the World Federation. This Scientific Meeting was opened by Professor James Gibson, Dean of the Medical Faculty, University of Hong Kong (xxix).

Another President - Professor Quentin Gomez from the Philippines has also maintained close and long standing ties with the Society of Anaesthetists of Hong Kong. He first visited Hong Kong in 1960, later became Treasurer and still later President of the W.F.S.A. and has visited Hong Kong on a number of occasions. He participated in two joint Meetings with the Society of Anaesthetists of Hong Kong. On the first occasion the guests were the Faculty of the Anaesthesiology Center, Western Pacific. This meeting was held on 25th November 1975 at the Miramar Hotel, Kowloon, Hong Kong and the guest speakers included Dr. Lydia Egay, Dr. Alel Silao and Professor Gomez (xxiv). The second joint meeting was between the Philippine Society of Anaesthesiologists Inc. and the Society of Anaesthetists of Hong Kong. This was held on 22nd October 1976 also in Hong Kong and amongst the 100 or so participants from the Philippines was also Professor Gomez (xxx).

Professor Gomez in his capacity as President of the W.F.S.A. paid also other visits to Hong Kong where he met with council and other members of the Society (xxxi, xxxii). Professor John J. Bonica, the incumbent President, whose long association with the W.F.S.A. as Treasurer, Hon. Secretary and currently as President spans

many years, is another distinguished visitor to the Society. During his most recent visit in 1979 he spoke on "The present concepts of pain and some aspects of its management". He also attended the Scientific Meeting of the British Medical Association held in Hong Kong from 3rd-6th November 1979 at which the author (President of the Society of Anaesthetists of Hong Kong) was admitted to the Roll of Fellows and presented with a Commemorative Scroll by Lady Josephine Barnes, President of the British Medical Association at a ceremony attended by a number of Dignitaries including the Governor, Sir Murray Macle hose (xvi).

The Faculties of Anaesthetists, Royal College of Surgeons

Training of anaesthetists for examinations leading to higher qualifications in anaesthesia is recognized at a number of hospitals in Hong Kong. Close ties have been maintained with all the Faculties, including the Faculty of Anaesthetists, Royal Australasian College of Surgeons, which has been conducting both the written part and the oral examinations for the Part I (or Primary) F.F.A., as well as the written part for the Part II (or Final) F.F.A.R.A.C.S. examinations in Hong Kong.

The Society of Anaesthetists held some joint meetings with the Australasian Faculty. One took place in May 1973 and consisted of a scientific part, at the end of which Dr. Tess Brophy, then the Dean of the Faculty, presented an inscribed Silver Jug from the Faculty, while Professor R.B. Simpson from London presented a Plaque from the London Hospital. Both these were accepted by the President with grateful appreciation. This was followed by a social function (xxxiii).

The Faculty of Anaesthetists of the Royal College of Surgeons in Ireland was represented by their respective Deans on a few occasions at meetings in Hong Kong. On 15th September 1972, Professor John Dundee then Dean gave a talk to the Members of the Society in the Duchess of Kent Childrens Orthopaedic Hospital on "Newer intravenous Anaesthetic Agents (xxxiv). Fellows of the Irish Faculty entertained him at dinner a day later. Doctor Harold Love, another distinguished Dean visited Hong Kong from 12th to 31st January 1978 and gave a series of talks to the Society, medical students and Department of Paediatrics, University of Hong Kong. He also had conferences with leading medical personalities here. He was accompanied by his wife, Nora (xxxv).

The Faculty of Anaesthetists, Royal College of Surgeons of England was represented by a number of Deans and other distinguished representatives. Professor Sir Geoffrey Organe was amongst the first, others included Professor William W. Mushin, T. Cecil Gray who spoke on Medicolegal Problems (xxxvi) and Professor Andrew Thornton, who talked on "Chronic Lung Disease and Anaesthesia (xxxvii) and on a later date in 1980 on "Adverse reaction to anaesthetic drugs" and also on "Enflurane" (xix).

Dr. Tom Boulton, the Editor of Anaesthesia, served as part of his Territorial Army duties as Chief Anaesthetist to the British Military Hospital in Hong Kong and was also guest speaker of the Society, on a number of occasions in 1975. Amongst his topics was one on "Pain". Dr. Boulton later described his visit and Hong Kong generally in an interesting and informative article (xxxviii). Dr. D.C. Howat, another prominent anaesthetist was Chairman of the Examination Board for the Final F.F.A.R.C.S.(Eng). He visited Hong Kong and talked to the Society of Anaesthetists, as well as the Grand Round of the Department of Surgery, University of Hong Kong on "Anaesthesia and Liver Disease" (xxxii). Later he spoke on "Complications of Induced Hypotension (xix).

At the time of writing, reciprocity exists between the various Faculties. Holders of the Primary F.F.A. may sit for the final F.F.A. in another Faculty (provided they fulfil certain requirements regarding work in a particular country).

Anaesthesiology Center, Western Pacific (ACWP), in Manila has had close ties with some anaesthetists from Hong Kong. It had been established, after considerable hard work by Professor Gomez of the Philippines, and is a joint venture between the Government of the Philippines, the University of the Philippines, the WHO and some other authorities. A number of anaesthetists from Hong Kong have spent a year as WHO fellows, getting additional training and obtaining a Diploma in Anaesthesia, following an examination. Some anaesthetists from Hong Kong (including the author) have spent one or two months as WHO Consultants to the ACWP, Manila as part of the policy of the Center of inviting some senior anaesthetists, from the area to help out with the training programme. In addition some anaesthetists from Hong Kong were sent (prior to the establishment of ACWP) to Copenhagen, Denmark for training.

Present Position

Anaesthetists in Hong Kong belong to one of the two main categories:

(1) The first comprises those, working full time in Government (or Government subvented) hospitals. The career structure here starts as medical officers (who should hold a medical qualification registerable with the Medical Council). In most hospitals these doctors can enjoy security of tenure and may continue serving, if they so wish, until retirement at 55 or 60. If and when they pass an examination for a higher degree (such as an F.F.A.), they become eligible for promotion to a senior post - Senior Medical and Health Officer (S.M. and H.O.) provided they have spent 5 years in the specialty and there is a suitable vacancy. At the time of writing there are sufficient vacancies). In addition, there are still a number of higher posts (Consultant formerly called Specialist). Candidates have to apply for such a post, when a vacancy occurs (and is advertised) in that grade. Requirements are similar as those for S.M.H.O.s. Private practice (or retention of fees) is not allowed.

(2) In the second category are anaesthetists engaged in private anaesthetic practice. Although a few of these would be engaged exclusively in anaesthesia, many of them also perform duties of general practitioners. Most of the anaesthetists in private practice have formerly been

in Government Hospital Practice in Hong Kong and have higher qualifications. A certain number came to Hong Kong from abroad (for the purpose of private practice) and have already obtained their higher qualifications there. It is not obligatory in Hong Kong for anaesthetists (either in private or Government practice) to hold a higher qualification, although most surgeons would prefer anaesthetists who do have it. The grade of "Nurse Anaesthetist", as known in some other countries (U.S.A., Philippines etc.), is not officially recognized in Hong Kong.

Specialists and Consultants in the medical branches of the Armed Forces in Hong Kong are allowed a certain amount of private practice.

Chair of Anaesthesia

At the time of writing there is, as yet, no Chair (or Department) of Anaesthesia (nor Radiology, Ophthalmology, Ear Nose and Throat, Radiotherapy, Dermatology or Oncology) in the University of Hong Kong. Although these Chairs have been applied for, the chances of obtaining approval in the near future are not too good - apparently mainly for financial reasons.

However, the newly established Medical Faculty of the Chinese University did have a new Chair and Department of Anaesthesia approved and recruitment has been initiated. It is hoped that Hong Kong can look forward to the advances in and advantages for anaesthesia that usually derive from independent departments, sometime in the 1980s.

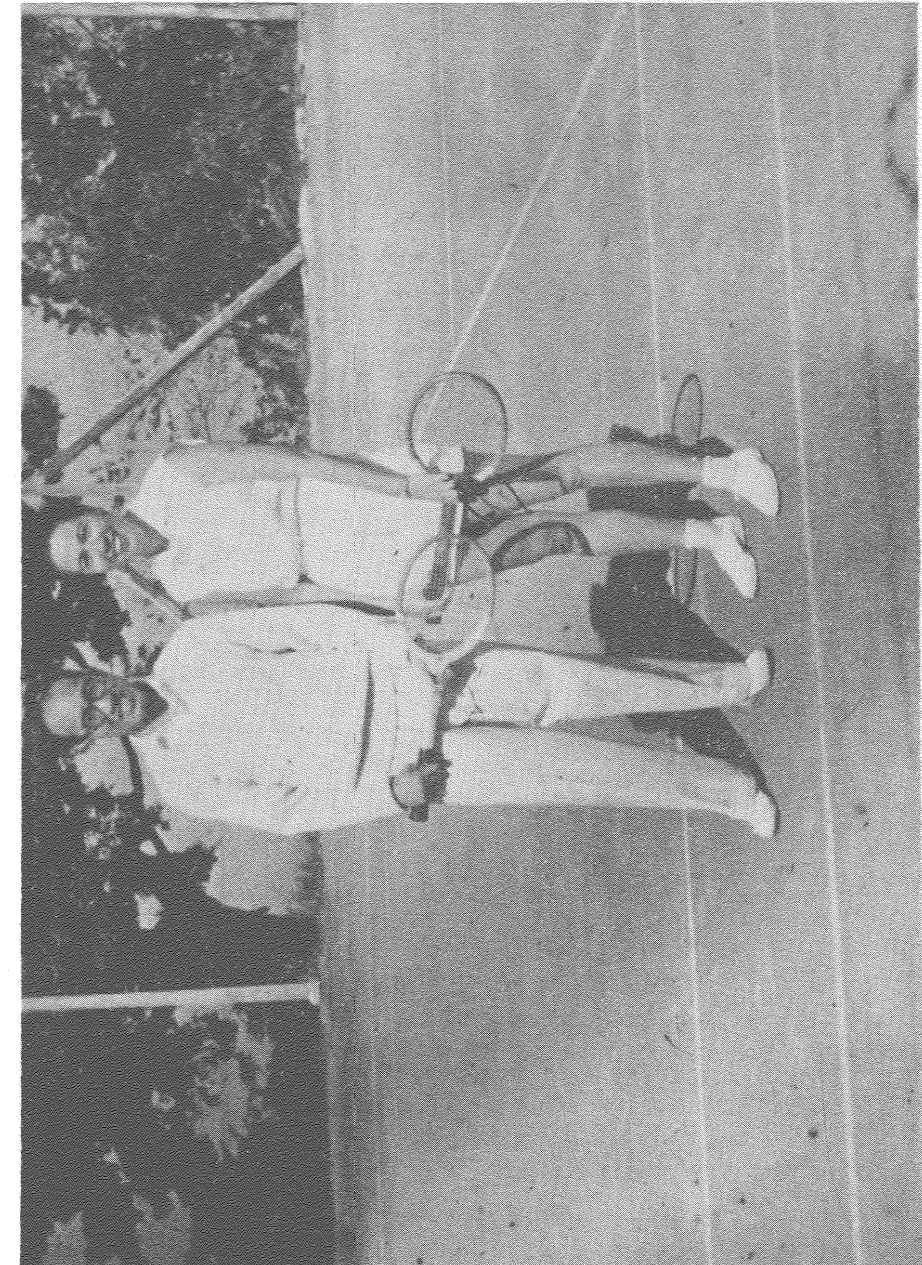
Conclusion

The development, progress (iii) and present position of the specialty of anaesthesia as well as its Society of Anaesthetists of Hong Kong have been reviewed and updated.

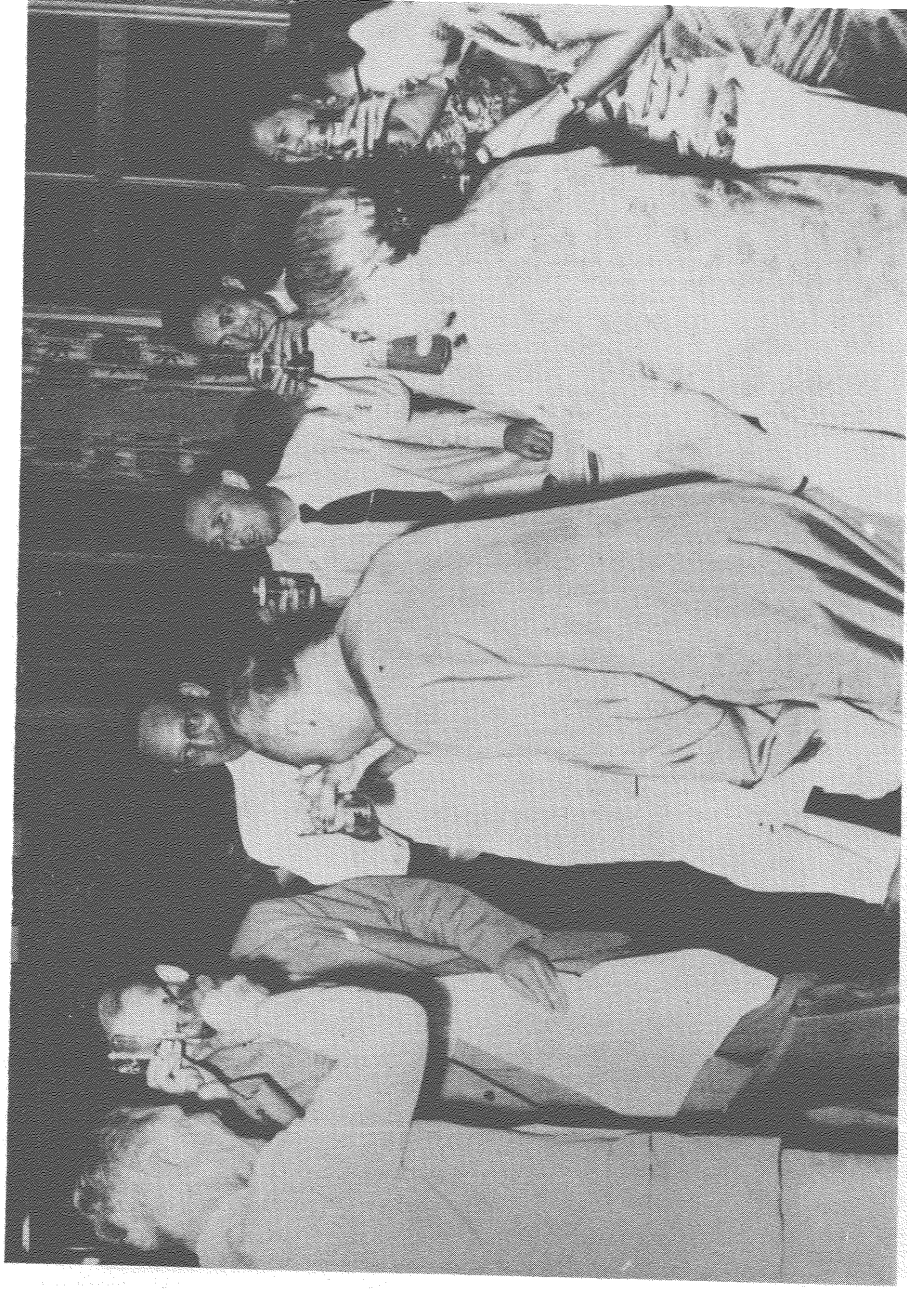
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- (vii) *Anaesthesia* (1954) 9, 327.
- (viii) *Anaesthesia* (1955) 10, 102.
- (ix) *Anaesthesia* (1955) 10, 211.
- (x) *Anaesthesia* (1955) 10, 321.
- (xi) *Anaesthesia* (1978) 33, 883.
- (xii) *Anaesthesia* (1979) 34, 431.
- (xiii) *Anaesthesia* (1979) 34, 734.
- (xiv) *Anaesthesia* (1979) 34, 964.
- (xv) *Anaesthesia* (1980) 35, 138.
- (xvi) *Anaesthesia* (1980) 35, 432.
- (xvii) *Anaesthesia* (1980) 35, 1040.
- (xviii) *Anaesthesia* (1981) 36, 124.
- (xix) *Anaesthesia* (1981) 36, 464.
- (xx) *Anaesthesia* (1955) 10, 421.
- (xxi) *Anaesthesia* (1958) 13, 108.
- (xxii) *Anaesthesia* (1960) 15, 203.
- (xxiii) *Anaesthesia* (1974) 29, 512.
- (xxiv) *Anaesthesia* (1976) 31, 610.
- (xxv) *Anaesthesia* (1969) 24, 508.
- (xxvi) *Anaesthesia* (1973) 28, 478.
- (xxvii) *Anaesthesia* (1958) 13, 249.
- (xxviii) *Anaesthesia* (1960) 15, 345.
- (xxix) *Anaesthesia* (1973) 28, 107.
- (xxx) *Anaesthesia* (1977) 32, 422 & 713.

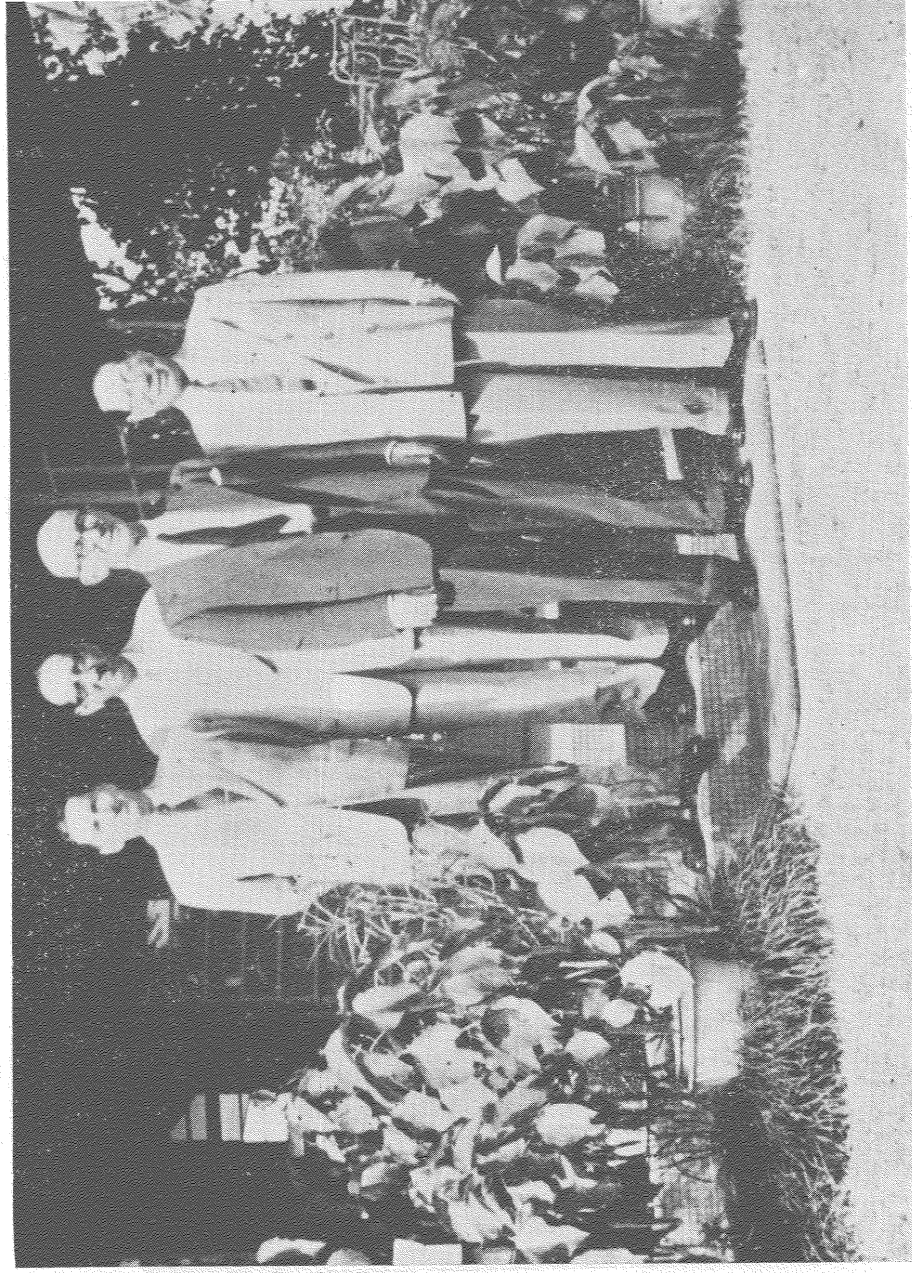
- (xxxi) Anaesthesia (1976) 31, 1334.
- (xxxii) Anaesthesia (1979) 34, 143.
- (xxxiii) Anaesthesia (1973) 28, 593.
- (xxxiv) Anaesthesia (1973) 28, 1077.
- (xxxv) Anaesthesia (1978) 33, 677.
- (xxxvi) Anaesthesia (1975) 30, 718.
- (xxxvii) Anaesthesia (1975) 30, 132.
- (xxxviii) Boulton, T.B. "H is for Happy and Hong Kong.
I is for Incredible and Incomparable."
Anaesthesia 1975, 30, 865.
- (xxxix) Anaesthesia (1981), 36, 743.



1. Dr. K.C. Yeo, then Director of Medical and Health Services, Hong Kong (who helped to establish the first post of "Specialist Anaesthetist" in Hong Kong in 1953), pictured with Mrs. Florence Yeo.



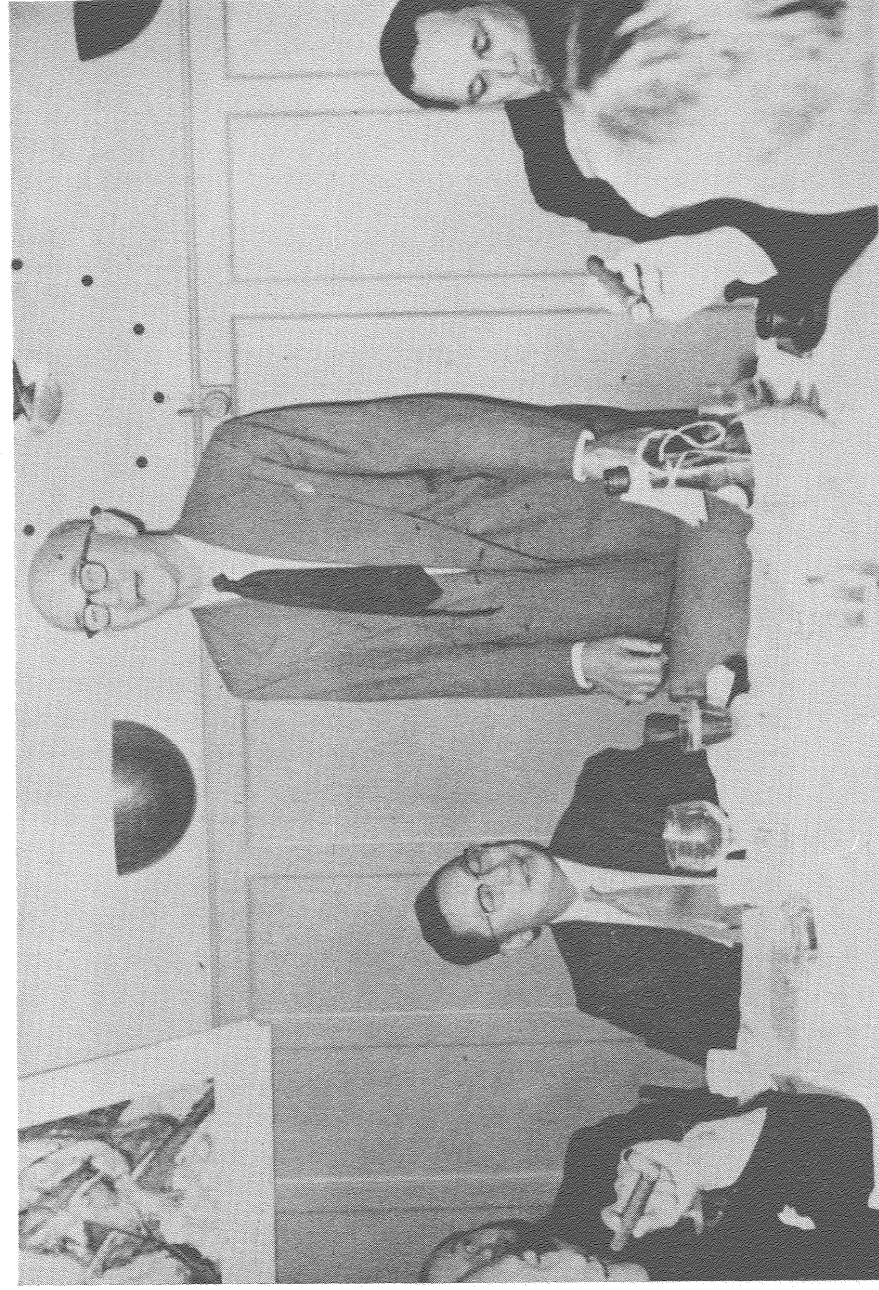
2. Prof. Gordon King—then Dean of the Medical Faculty, University of Hong Kong, toasting some of the members of the Society of Hong Kong, after its establishment. Dr. H.P.L. Ozorio (3rd from left) and the author (4th from left) are also shown.



3. Sir Robert Macintosh's first visit to Hong Kong in 1959. Dr. Li Shu Fan, F.R.C.S. entertained him in his lovely house "The White Jade" and is seen at left. Dr. Ozorio and the author are also pictured.



4. Sir Robert Macintosh attending an early Council Meeting of the Society of Anaesthetists. Sitting from left: Dr. Maclean (Senior Med. Officer to the R.A.F. and husband of council member), Dr. Margaret Broom Maclean, Sir Robert Macintosh, Dr. Nancy Butt, Dr George Thomas, the author. Standing from left: Dr. M.Y. Lee, Dr. Y.K. Poon (one of the early members and first Hon. Sec.-Treasurer), Dr. Germano de Pinna, Dr. Wong Chung Wai and Dr. H.P.L. Ozorio.



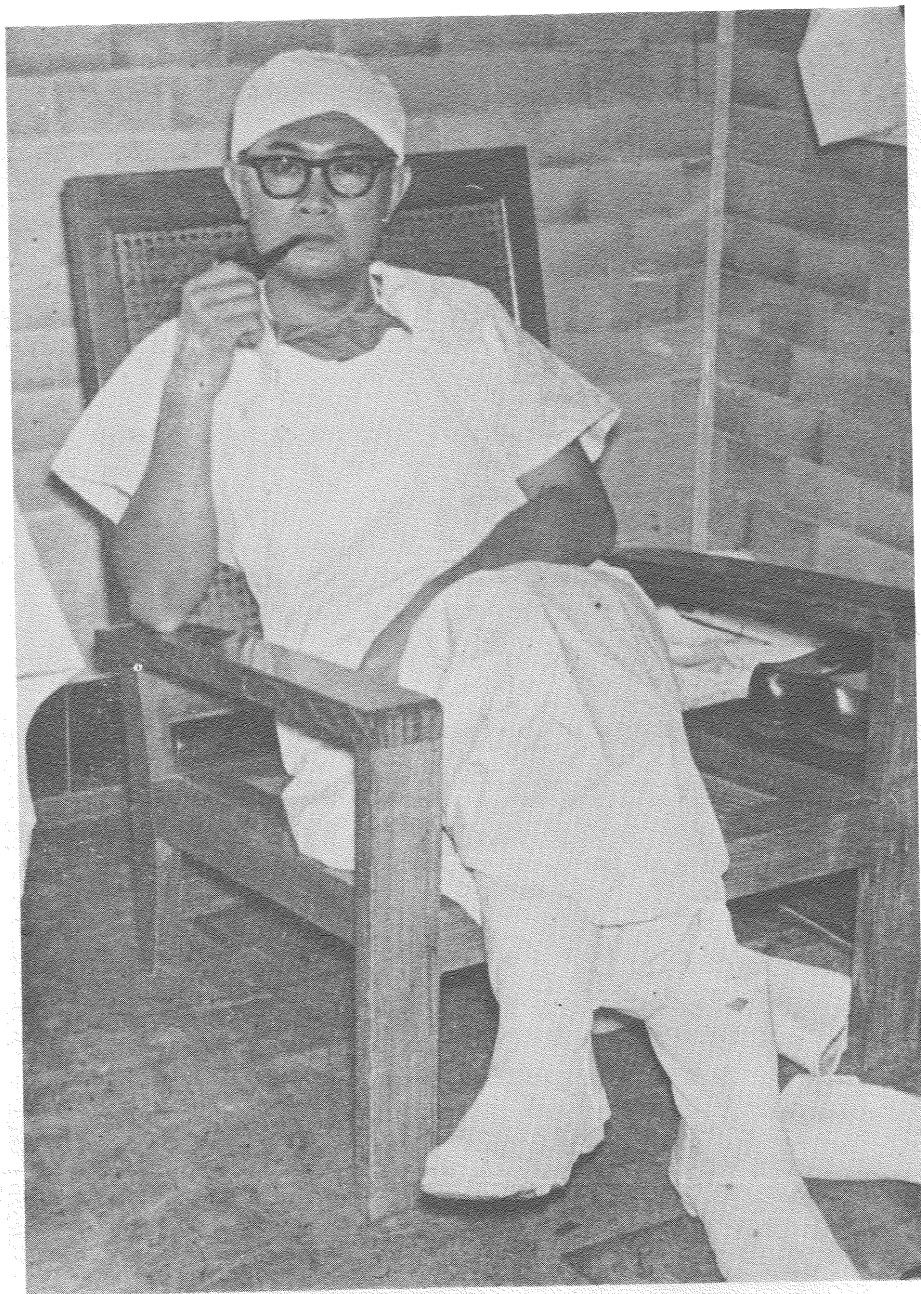
5. Sir Robert Macintosh addressing a meeting of the British Medical Association (H.K. Branch) after his arrival from China in 1959. The venue were the premises of the old "Jimmy's Kitchen" Restaurant.



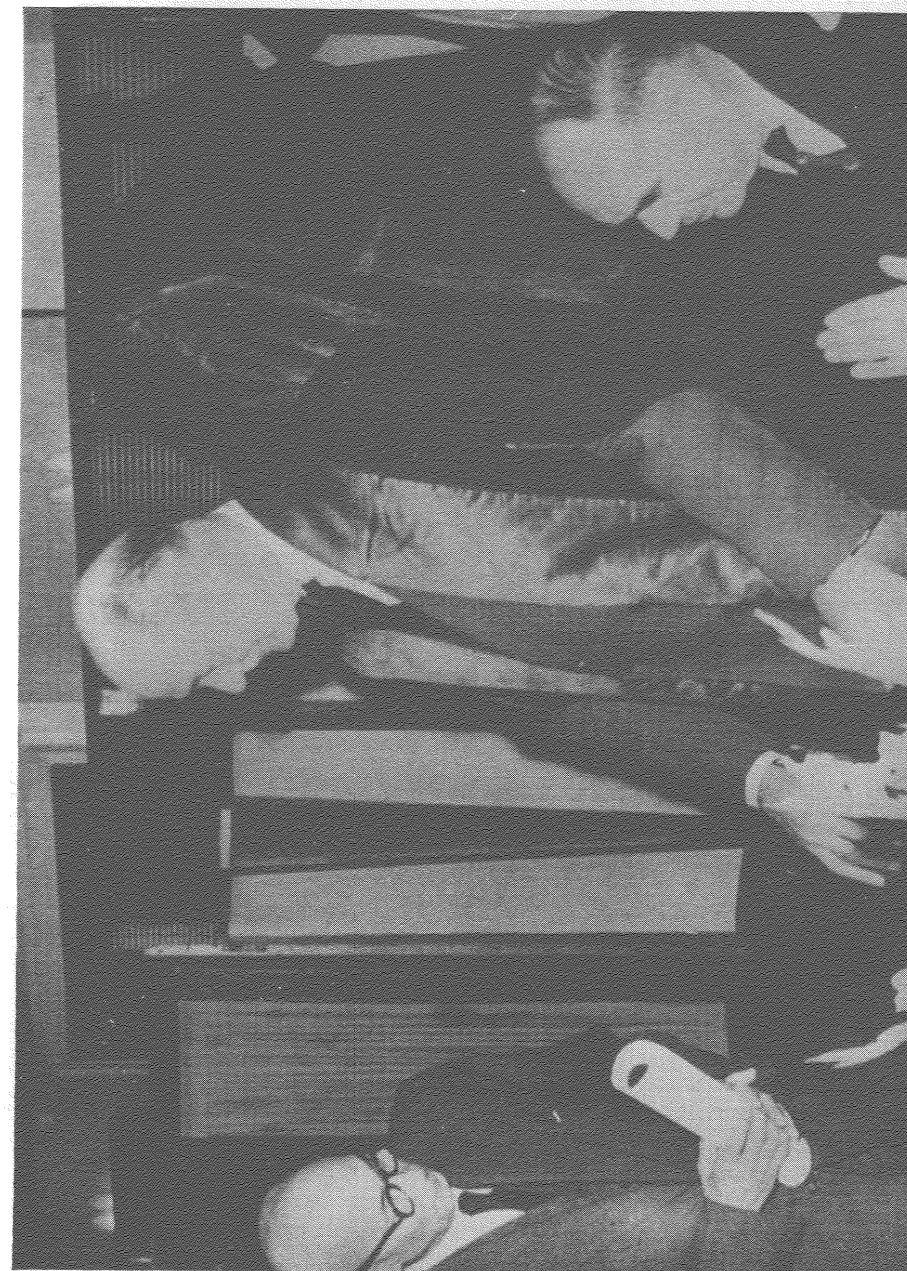
6. Dr. Alan Eberle—then President of the H.K. Branch of the B.M.A. and Council Member of the Society of Anaesthetists of Hong Kong chairing the meeting, with Sir Robert Macintosh on his left. Well over 200 doctors attended.



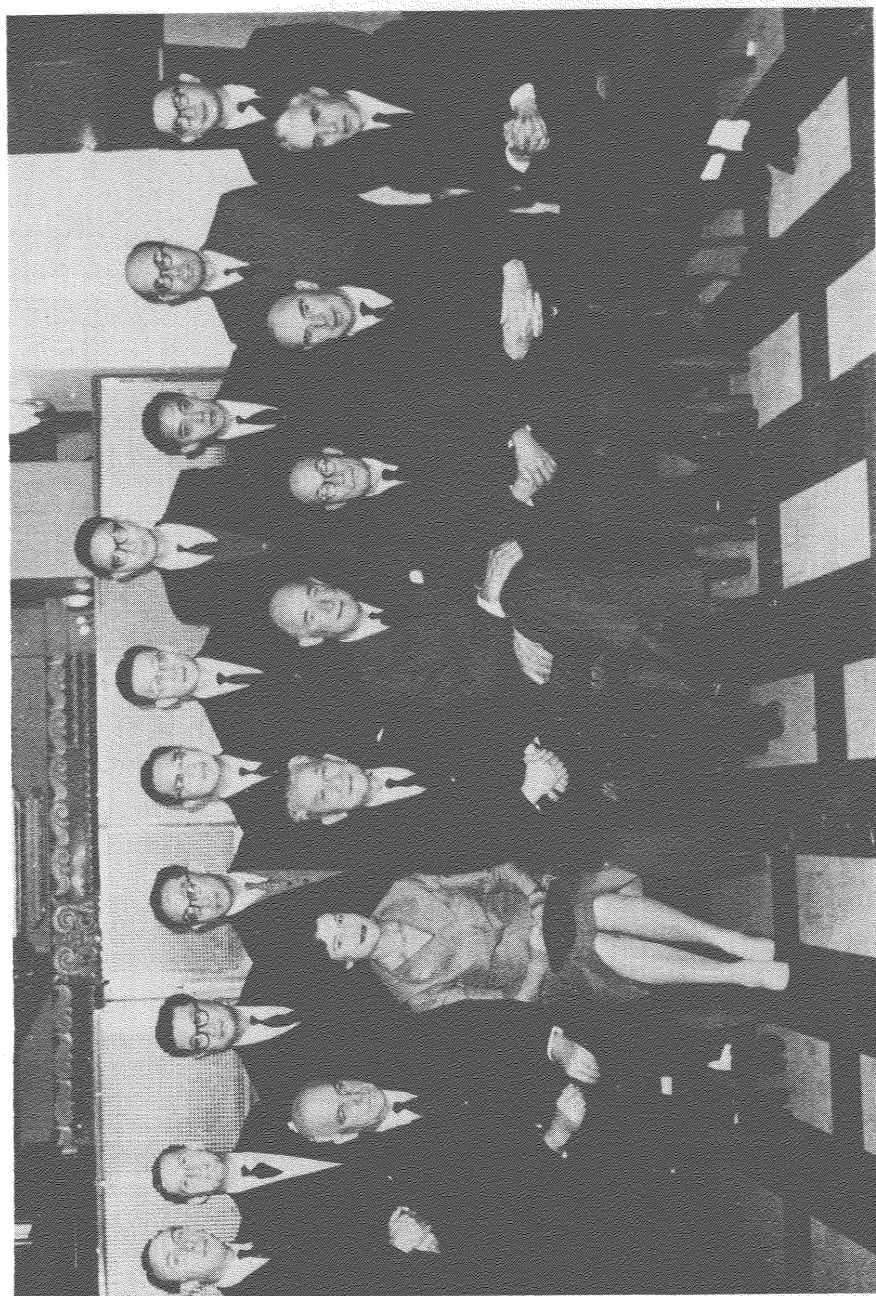
7. Professor Francis F. Foldes (later to become President of the W.F.S.A.) being hosted by the Council during his visit in 1959. Seated from left: Dr. George Thomas, Mrs. Edith Foldes, the author, Prof. Foldes, Dr. Margaret Maclean, Dr. Frances Chan; Standing from left: Dr. C.W. Wong, Dr. Y.K. Poon, Dr. G. de Pinna, Dr. H.P.L. Ozorio, Dr. Maclean and Dr. Nancy Butt (who at one time was simultaneously President of four Societies—The Society of Anaesthetists of H.K., the British Medical Association, H.K. Branch, the New Zealand Society and the H.K. Toastmistresses Society).



8. One of the founder members of the Society—Prof. Tan Sri G.B. Ong, O.B.E., J.P., F.R.C.S. relaxing between operations in the “Old Kowloon Hospital” O.T. changing room.



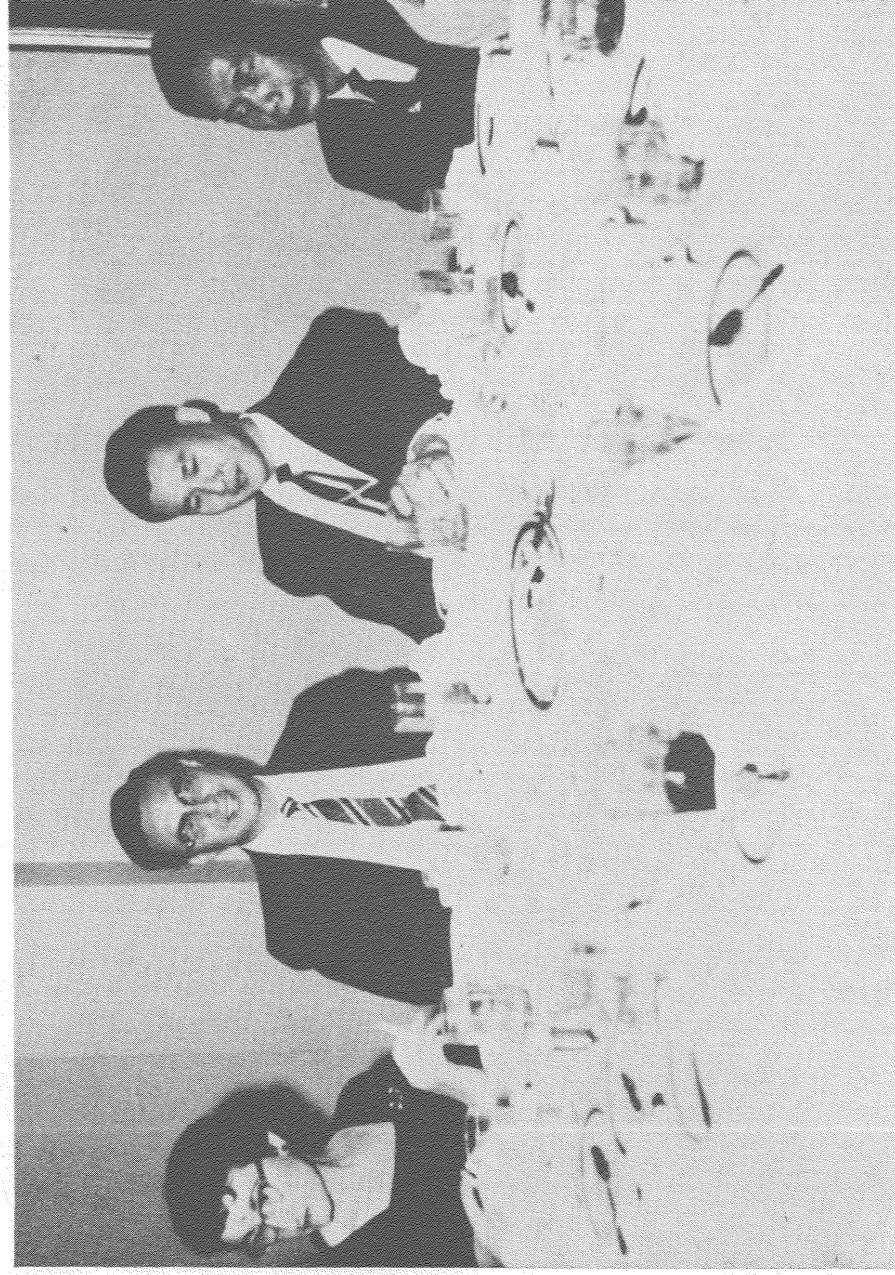
9. Sir Arthur Porritt, President of the Royal College of Surgeons of England presenting Dr. George Thomas, one of the founder members of the Society of Anaesthetists of H.K. with the Diploma of Fellowship at a ceremony held in the (now defunct) “Peking Restaurant” Hong Kong. Professor Frank Stock is on the right.



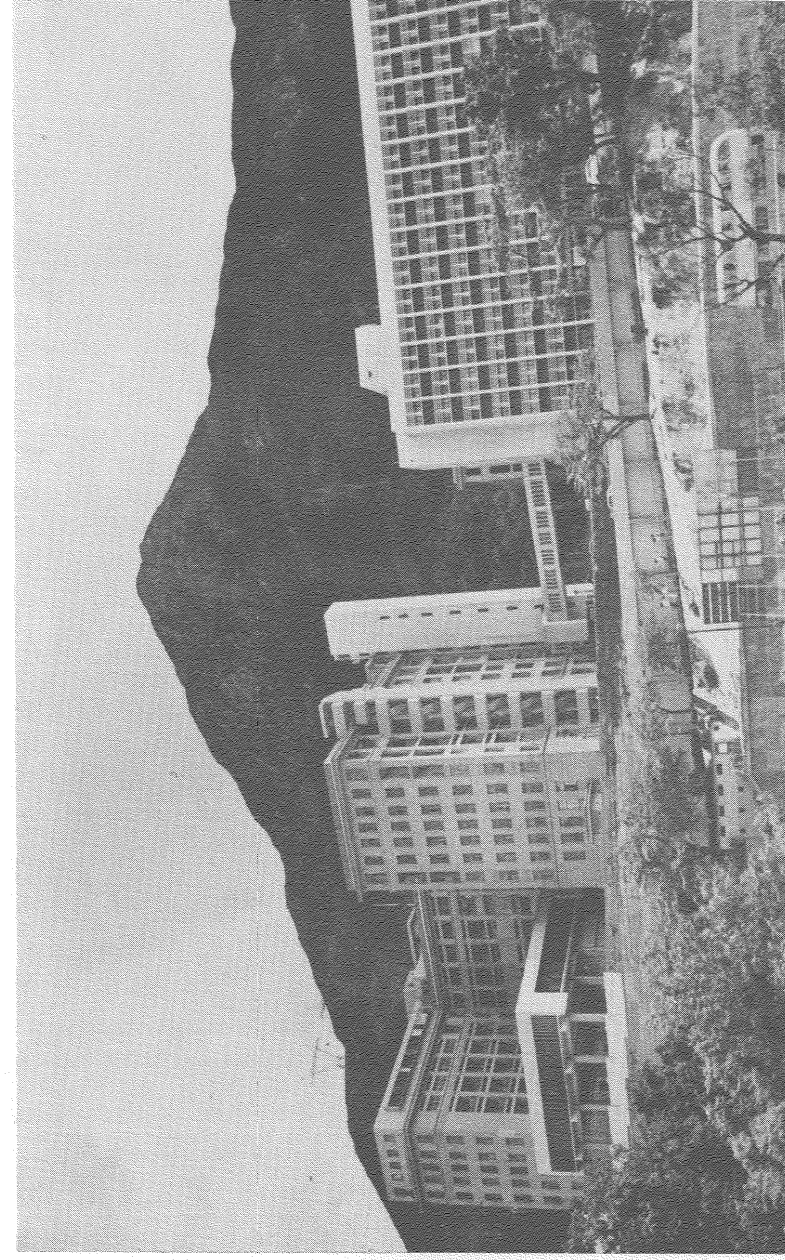
10. Group photo on the occasion of the Presentation ceremony. Seated from left: Dr. John Gray, Dr. Nancy Butt, Dr. Arthur Woo, Sir Arthur Porritt, Dr. George Thomas, Prof. Frank Stock and a Colonel from the R.A.M.C. Standing from left: Dr. Lowy (Principal Med. Off. Blue Funnell line), the author, Prof. G.B. Ong, Dr. John Chen, Dr. Y.K. Poon, Dr. Timothy Kwong, Dr. M.H. Yeung, Dr. Yu Po Yat, Dr. Osler Thomas (son of Dr. George Thomas) and Dr. Benny Ho.



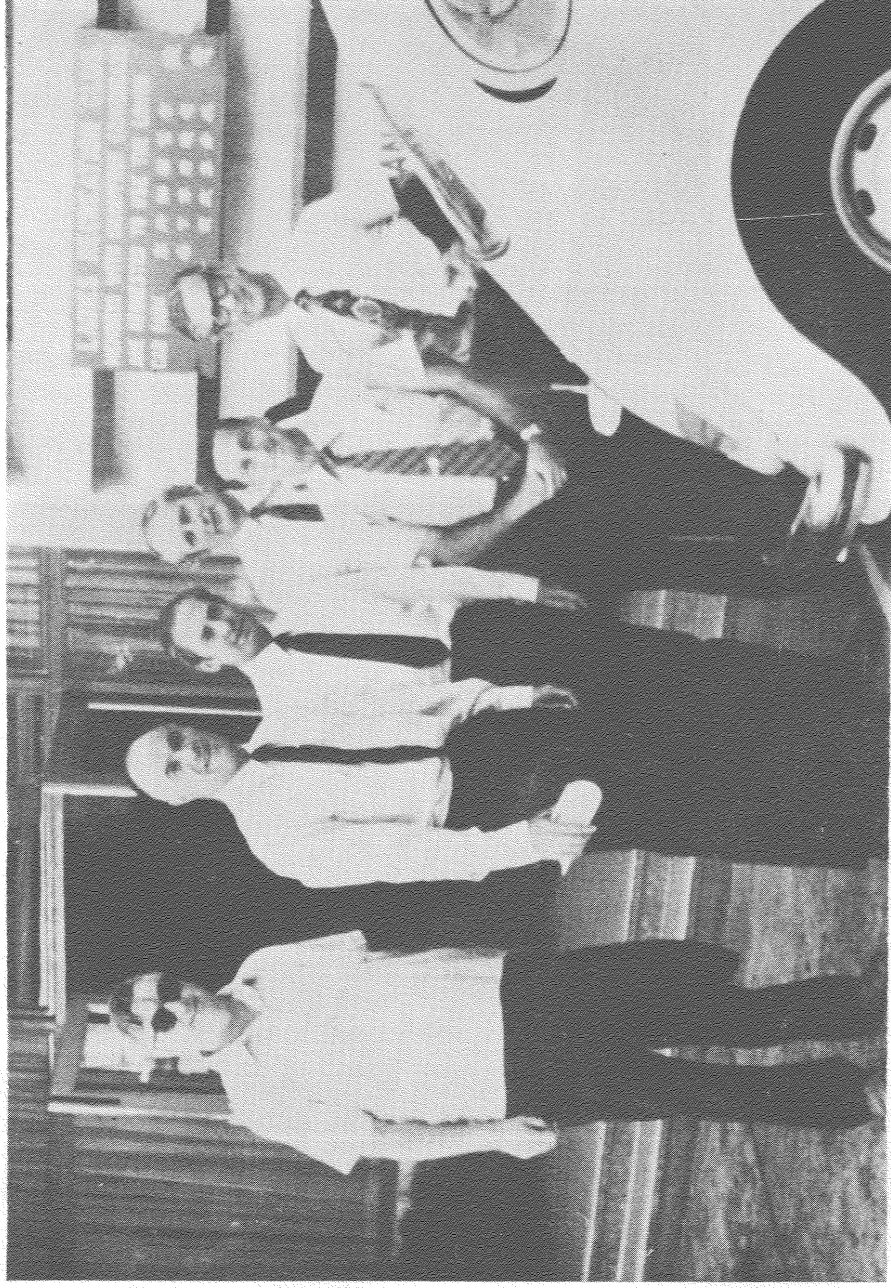
11. H.E. the Governor Sir Robert Black inspecting Anaesthetic equipment in the newly opened Queen Elizabeth Hospital, Kowloon (1963). This was supposed to be the largest hospital in the Commonwealth.



12. Dr. S.F. Lam, O.B.E., at present Deputy Director of Medical and Health Services, Hong Kong and also in charge of Postgraduate Medical Education for Government Medical Officers, attending an early function of the Society of Anaesthetists. Mrs. Doris Ozorio and the then Hon. Secretary Dr. G. de Pinna are on the left.



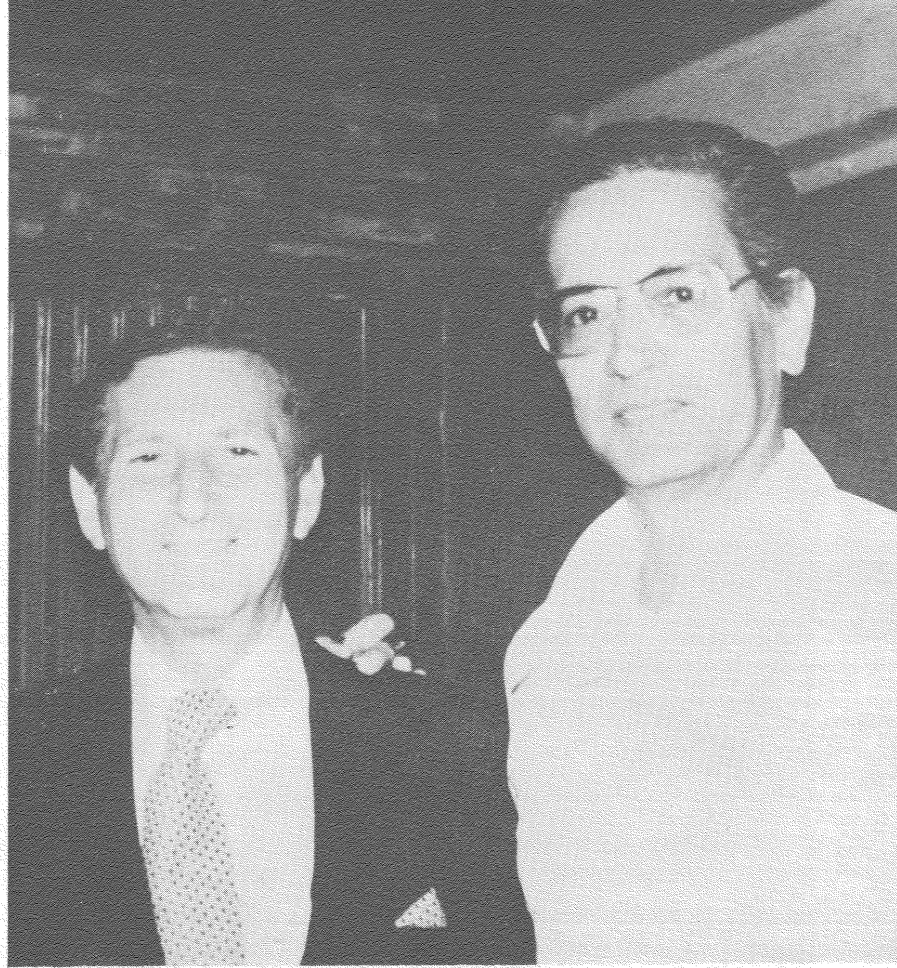
13. The Queen Mary Hospital, Hong Kong, the Teaching Hospital of the Medical Faculty, University of Hong Kong.



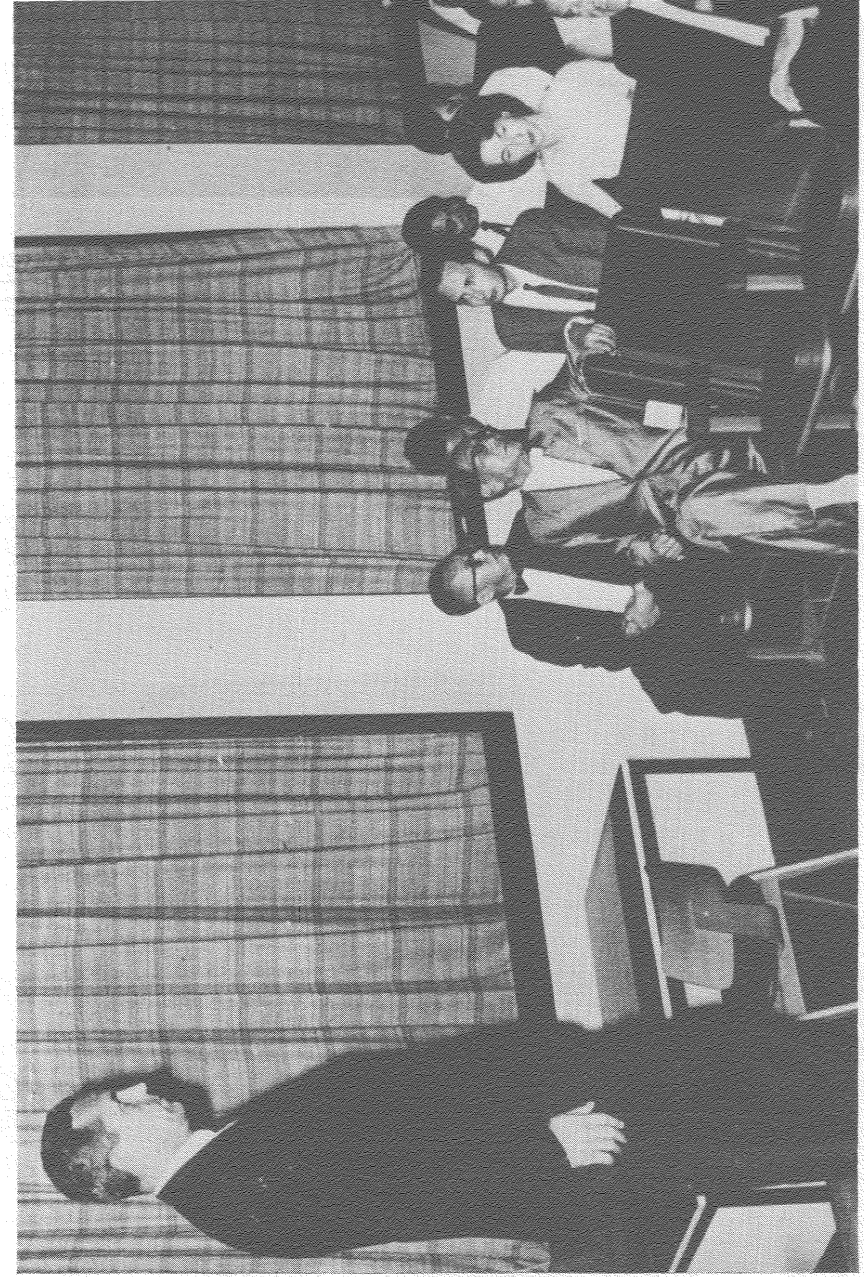
14. Examiners for the F.F.A.R.A.C.S., held in Hong Kong, taking their luncheon break from their grilling task: From left Dr. Bill Crosby, Prof. John Mainland, Dr. Noel Cass*, Dr. John Hankey, the author and Dr. Maurice Sando* (*Former Dean of the Faculty of Anaesthetists, Royal Australasian College of Surgeons).



15. Group photo of the 1st nine Fellows of the Faculty of Anaesthetists, Royal Australasian College of Surgeons. Seated from left: Drs. Amy Lam, Nancy Butt, Jean Allison. Standing from left: Drs. Y.C. Sit, Jackie Lam, S.W. Kwong, the author, Charles Chen and Felix Shin. The cup, presented by the Faculty of Anaesthetists, R.A.C.S. was brought to H.K. by the then Dean, Dr. Tess O'Rourke-Brophy.



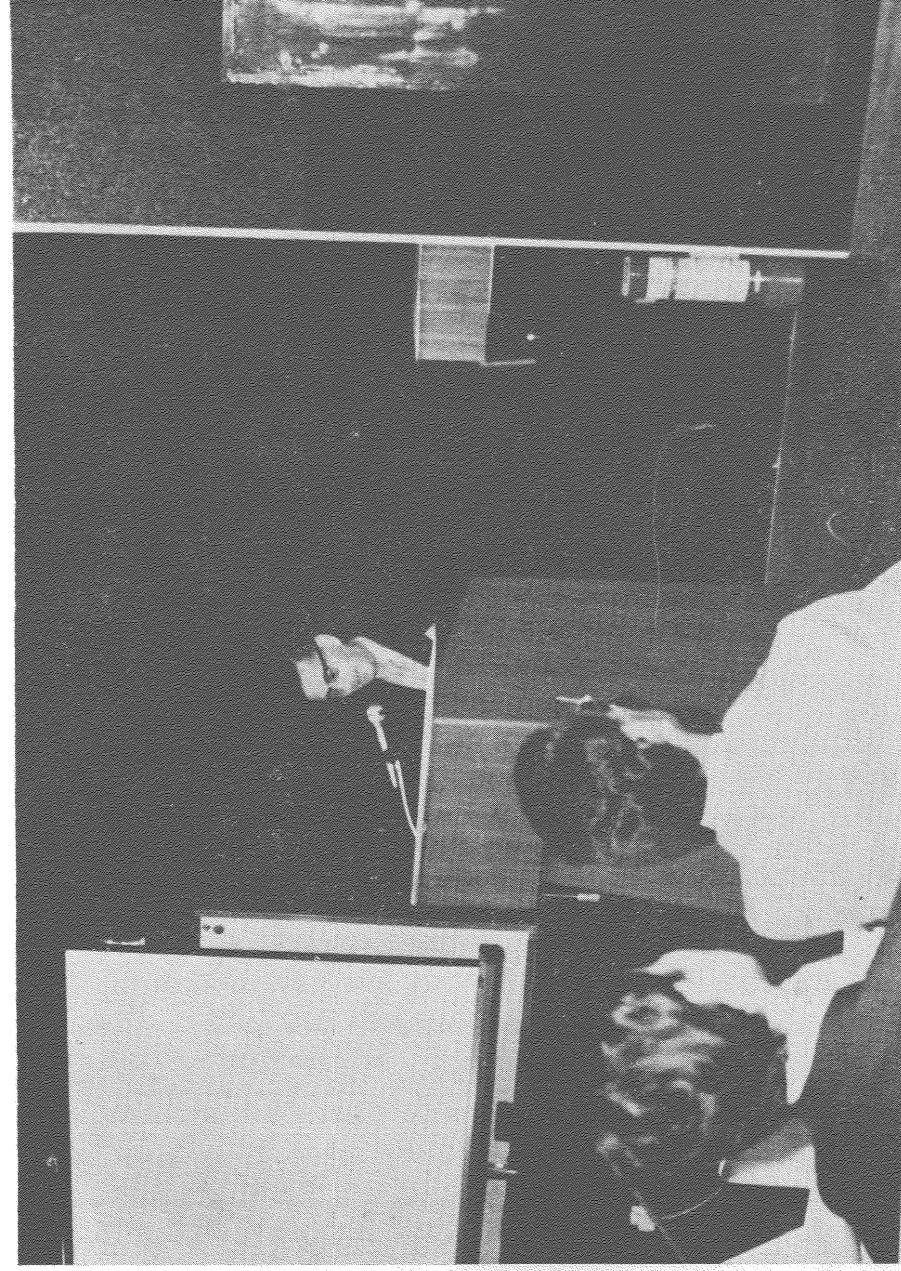
16. The former President of the World Federation, Professor Quentin J. Gomez, M.D., during one of his visits to H.K., with the author.



17. Professor Ted Mayrhofer, former President and Secretary General of the World Federation, Societies of Anesthesiologists from Vienna, Austria, addressing a meeting of the Society in Hong Kong.



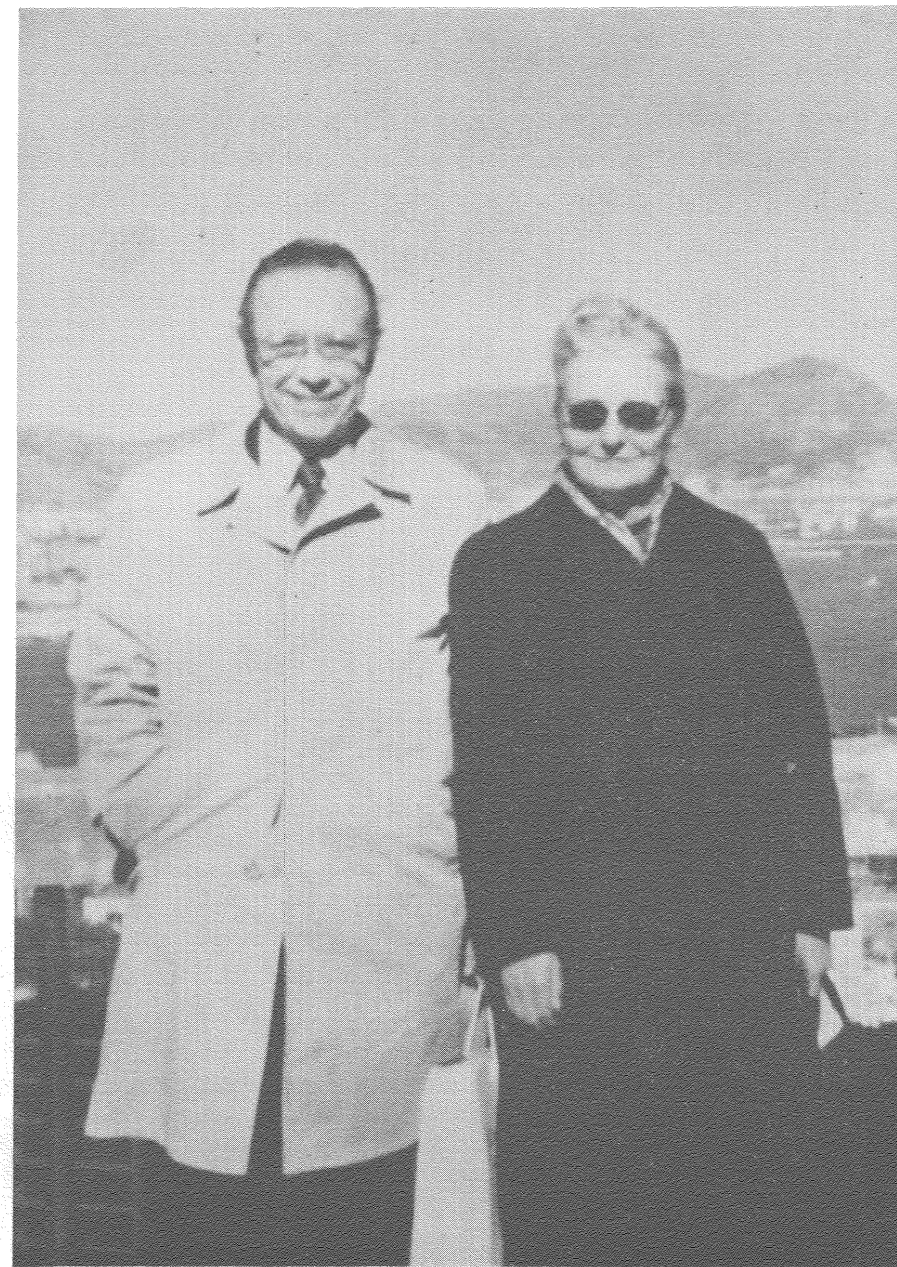
18. Some of the Society's early and lovely members. From left: Drs. P.C. Au Yeung, Sylvia Hui, Nina Chan-Lam, Betty Wong.



19. Joint meeting of the Philippine Association of Anaesthesiologists Inc. and the H.K. Society of Anaesthetists in Hong Kong. The then President of the World Federation Societies of Anaesthesiologists—Prof. Quentin I. Gomez (front row) listening to the author talking on "The use of air in anaesthetic practice."



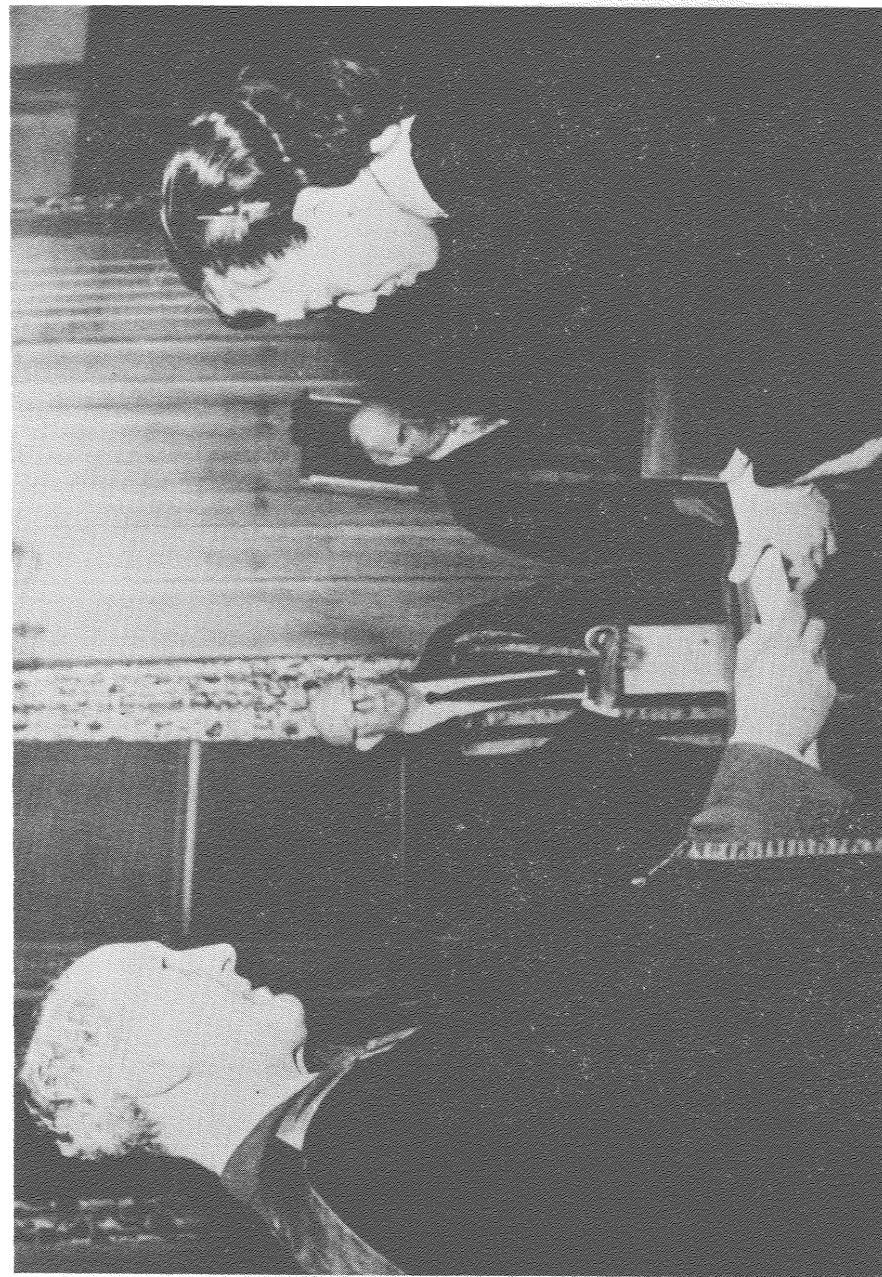
20. Some of the Australian Examiners for the F.F.A. inspecting the Kwong Wah Hospital, Kowloon, Hong Kong with a view of recognition for training for the F.F.A.



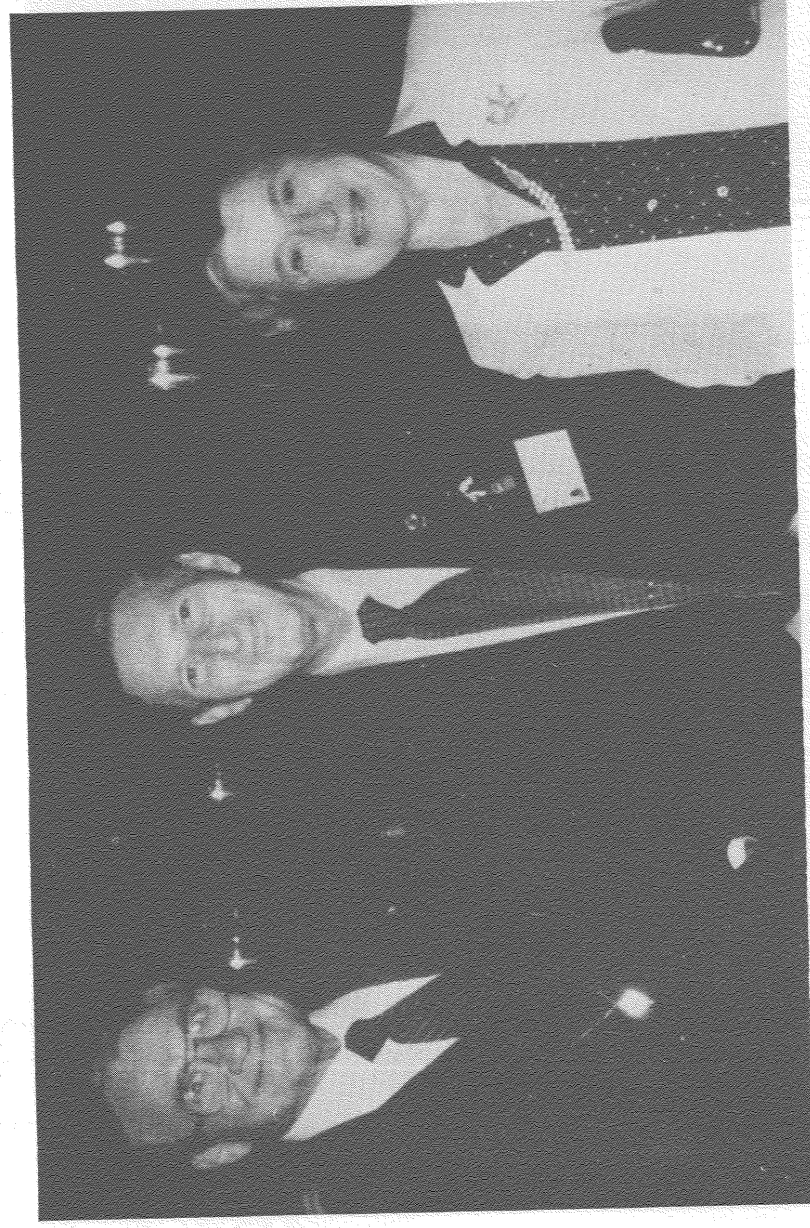
21. Prof. Robert Hingson, M.D., one of the pioneers of extradural analgesia, and Mrs. Hingson (from the U.S.A.) visiting Hong Kong.



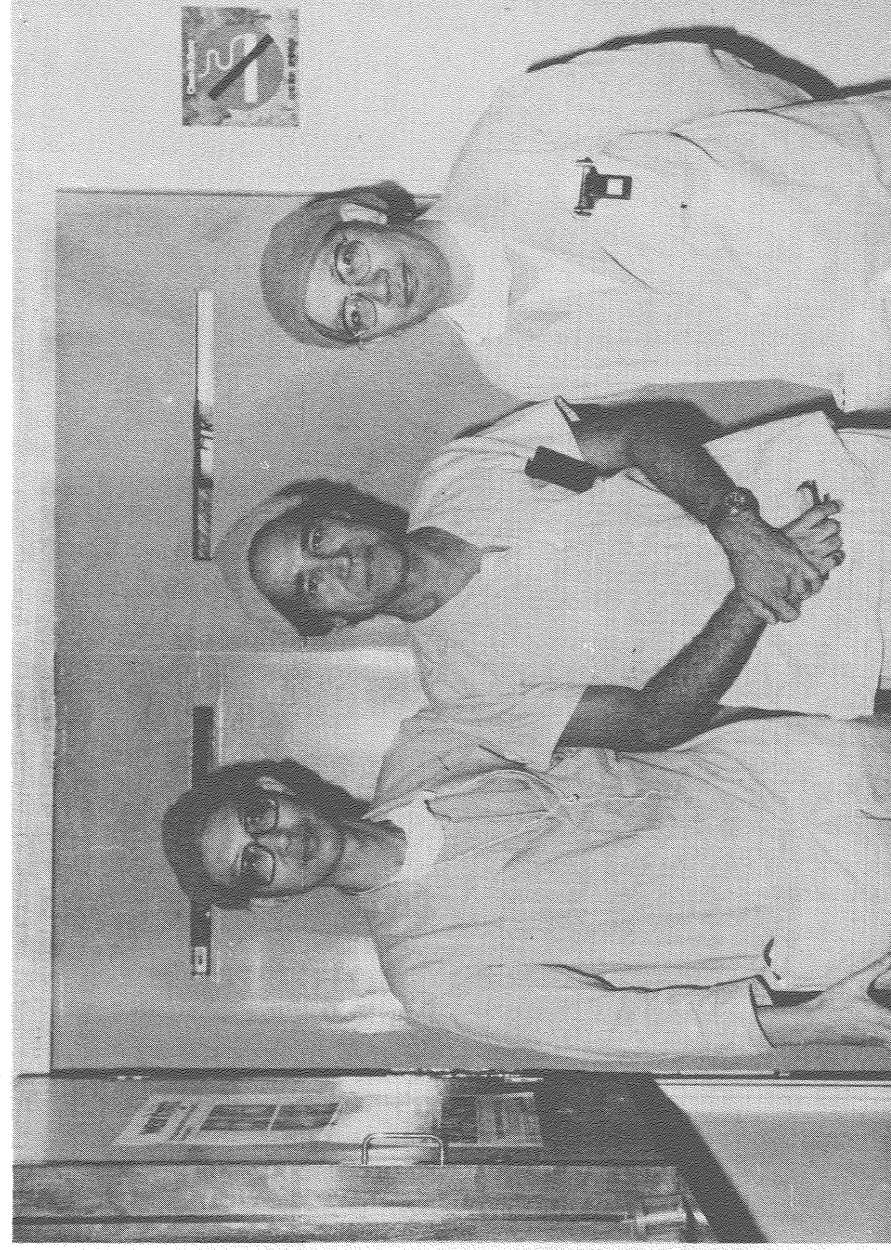
22. Dr. T.B. Boulton, Editor of Anaesthesia, and examiner for the F.F.A.R.C.S.(Eng.) during his visit to H.K. and talk to the Society of Anaesthetists, pondering a question from the floor on "Pain and acupuncture".



23. Dr. Sylvia Hui—the first (and so far, only) anaesthetist from Hong Kong to be awarded the Nuffield Prize for her performance during the Primary F.F.A. in the U.K.—Sir Geoffrey Organe is making the presentation. Sir Robert Macintosh and Prof. Cecil Gray are also shown.



24. The current President of the W.F.S.A., Prof. John J. Bonica and Mrs. Bonica (with the author) pictured during their visit to Hong Kong and British Medical Association Conference in 1979.



25. Some of the Consultant Anaesthetists working currently in the Government and Subvented Hospitals in Hong Kong. From left: Drs. C.S. Chan, Justin E. Chan and K.C. Wong.



26. Another group from left: Drs. Gerald Wong, the author, S.M.D. Valentine, M.L. Yeung, M. Moles (Dental Faculty) and Jean Allison. (Consultant Anaesthetists from various hospitals in Hong Kong.)

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